

No. 2  
1-4-41  
-17-39  
X-11

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26915

State File No.

SEP 17 1941 791

Registration District No.

Primary Registration District No. 1003

Registar's No. 6707

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4130 Clara Place**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... **30 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John C. Ruppert**

3. (b) If veteran, name war..... **None**  
3. (c) Social Security No. **None**

4. Sex..... **Male** 5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Single()**

6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **August 23, 1910**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**30 11 24** hr. min.

9. Birthplace..... **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Not Working**

11. Industry or business.....

12. Name..... **John P. Ruppert**

13. Birthplace..... **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Anna Hertfelder**

15. Birthplace..... **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **John P. Ruppert,**

(b) Address..... **4130 Clara Place**

17. (a) **Burial** (b) Date thereof. **Aug. 18, 1941.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cemetery.**

18. (a) Signature of funeral director..... **Wm. M. Schumacher**

(b) Address..... **4834 Natural Bridge.**

19. (a) **AUG 17 1941** (b) **J. D. Brudick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4130 Clara Place**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **August** day **16th,**  
year **1941** hour **12:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **5-1-41** to **8-16-41**  
that I last saw him alive on **8-15-** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary tuberculosis**  
Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **no**

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature..... **J. A. Lonsche** (M. D. or other) **M.D.**

Address..... **4865 Natural Bridge** Date signed **8-16-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John A. Melmer....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

John A. Melmer

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**